Non-Refundable Pro	cessing Fee:
[ ] New Filing	\$22.00

It is your responsibility to check for conflicts with federally registered trademarks. The filing of this name does not guarantee exclusive right to nor protection against unauthorized use of this name, (U.C.A. Sections 16-15-103-105) When approved, your Business Trust is registered for 3 years. The last words of the name must be "BUSINESS TRUST". If printed, must be legible.

1. Requested Business N	ame:				
2. Duration:					
3. Nature of Business:					
4. Registered Office in U	tah:				
	Street Address Only	City	State	Zip	
5. Registered Agent:	[ ] Check this box if the na	ame on line 5 is the agent	only.		
Print Name of Registered Agent (	to whom all mailings will be sent).	Signature of Registered Agent			
				<u>Utah</u>	
Street Address Required	PO Boxes can be listed after the street add	City		Zip	
APrint Name		Signature			
Street Addr	ress	City	State	Zip	
BPrint Name		Signature			
Street Addr	ress	City	State	Zip	
CPrint Name		Signature			
Street Addr	ess	City	State	Zip	

Return fees with two (2) copies of this application to the Division of Corporations. Means of payment are: cash, check, or money order made payable to the "State of Utah". Please include one (1) self addressed envelope with application. If you are faxing you must include, on a cover sheet, the number of a VISA, MasterCard or American Express with the date of expiration.

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

**Mail In:** PO Box 146705

Salt Lake City, UT 84114-6705

Walk In: 160 East 300 South, Main Floor
Information Conton. (801) 520 4840

**Information Center:** (801) 530-4849 **Toll Free:** (877) 526-3994 (within Utah)

Fax: (801) 530-6438